ACC.15
TCT@ACC-i2 | innovation in intervention

A348
JACC March 17, 2015
Volume 65, Issue 10S

Arrhythmias and Clinical EP

UNDERUSE OF FULL DOSE FACTOR XA INHIBITION IN ATRIAL FIBRILLATION: INSIGHT FROM THE SPRINT-AF REGISTRY

Poster Contributions
Poster Hall B1
Saturday, March 14, 2015, 3:45 p.m.-4:30 p.m.

Session Title: Anticoagulation for Atrial Fibrillation: How Are We Doing?
Abstract Category: 4. Arrhythmias and Clinical EP: AF/SVT
Presentation Number: 1148-247

Authors: *Milan Gupta, Narendra Singh, Michelle Tsigoulis, Mahesh Kajil, Jafna Cox, Paul Dorian, G. B. John Mancini, Andrew C.T. Ha, CCRN, Brampton, Canada*

Background: Factor Xa inhibitors (FXai) are an option for stroke prevention in patients with atrial fibrillation (SPAF). Reduced doses of FXai are recommended for moderate renal dysfunction or increased bleeding risk. In ROCKET-AF, 10.3% of patients met criteria for reduced-dose rivaroxaban, and in ARISTOTLE and AVERROES, 4.6% and 6.5% of patients met criteria for reduced-dose apixaban. IMS sales data in Canada reveal that 29-34% of patients treated with FXai for SPAF receive reduced-dose therapy. The proportion of AF patients in clinical practice truly meeting criteria for reduced-dose FXai is unknown.

Methods: The SPRINT-AF Registry was a cross-sectional analysis of 936 consecutive AF patients from 109 Canadian practices between Dec 2012 and July 2013. Using clinical trial criteria, we estimated the prevalence of patients in SPRINT-AF who would be eligible for reduced-dose FXai therapy. Patients with a CHADS2 score of 0 were excluded from the analysis.

Results: Median age was 76 years, with 62% being male. Rates of hypertension (74%), dyslipidemia (61%), diabetes (30%), history of smoking (45%), coronary artery disease (25%), stroke (16%) and heart failure (19%) were consistent with contemporary AF studies. Two-thirds (65%) had a CHADS2 score >2 and 87% had a CHADSVaSc score >2. Based on dosing criteria in ROCKET-AF (15 mg daily if the creatinine clearance was 30-49 mL/min/1.73 m²) and in ARISTOTLE / AVERROES (2.5 mg bid if a patient had any 2 of: age ≥ 80, weight ≤ 60kg, or serum creatinine ≥1.5 mg/dl), 11.8% and 8.7% of the SPRINT-AF cohort would be eligible for reduced FXai dosing, respectively.

Conclusion: SPRINT-AF demonstrates that a small proportion of AF patients meet the criteria for reduced-dose FXai therapy, verifying findings from large clinical trials. Given that the actual use of reduced-dose FXai based upon prescription data is substantially higher, it is possible that many patients are being under-dosed or inadequately anticoagulated. These observations highlight the importance of using full doses in the vast majority of patients requiring FXai therapy. Further research is needed to account for the high proportion of reduced-dose FXai prescriptions in Canadian practice.